

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/581966

FILING DATE

11 FEB 2007

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3						
4	/		/			
5	4		/			
6	12		/			
7	10		/			
8	/		/			
9	/		/			
10	2		/			
11	/		/			
12	/		/			
13	1		/			
14	2		/			
15	10		/			
16	12		/			
17	10		/			
18	12		/			
19	10		/			
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50						
TOTAL IND.	6		6			
TOTAL DEP.	20	◀	15	◀		◀
TOTAL CLAIMS	26		21			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.				◀		◀
TOTAL DEP.					◀	◀
TOTAL CLAIMS					◀	◀